

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/529362

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		1		1		
4		2		3		
5		1		1		
6	1	1	1	1		
7		1		1		
8		2		2		
9		3		3		
10		6		6		
11		1		1		
12	1	1	1	1		
13		1		1		
14		1		1		
15	1	1	1	1		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.		19		19		
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						